Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #: 18-0354

Date: 7-23-18

Amount Paid: \$75 7-9-18

Refund:

Contractor: Contractor Phone: Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Plumber: Contractor Phone: C	Li 4 5033 L zation
Owner's Name: RRANDENBURG	Li 4 5033 L zation
Address of Prokerty: City/State/Zip: Contractor: Contractor: Contractor: Authorized Agent: (Person Signing Application on behalf of Owner(s)) PROJECT LOCATION Legal Description: (Use Tax Statement) Tax ID# Town of: Section 21, Township 45 N, Range 4 W Shoreland Shoreland City/State/Zip: City/State/Zip: Contractor Phone: Plumber: Plumber: Plumber: Plumber: Plumber: Plumber: Agent Mailing Address (include City/State/Zip): Written Authorized Actached Yes No Tax ID# Recorded Document: (Showing Own Cold 2) Town of: Section 21, Township 45 N, Range 4 W Town of: Creek or Landward side of Floodplain? Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue Shoreland Are Writed Agent: Is Property in Floodplain Zone? Press Agent Mailing Address (include City/State/Zip): Written Authorized Agent Mailing Address (include City/State/Zip): Written A	zation
Contractor: Contractor Phone: Contractor Contractor Contractor City/State/Zip): Co	zation
Contractor: Contractor Phone: Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Agent Mailing Address (include City/State/Zip): Written Authorizad Attached Yes No PROJECT LOCATION Legal Description: (Use Tax Statement) Indicate the property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? Shoreland Agent Mailing Address (include City/State/Zip): Written Authorizad Attached Yes No Recorded Document: (Showing Own Cut Use Tax Statement) Tax ID# Recorded Document: (Showing Own Cut Use Tax Statement) Town of: Creek or Landward side of Floodplain? If yes—continue Distance Structure is from Shoreline: Is Property in Floodplain Zone? Pres	zation wnership)
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorized Attached Attached Yes No Recorded Document: (Showing Owner(s)) 1/4,	zation wnership)
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Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorized Attached Attached Yes No PROJECT LOCATION Legal Description: (Use Tax Statement) 1764 Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) No. Block(s) No. Subdivision: Section 27 , Township 45 N, Range 6 W Town of: Creek or Landward side of Floodplain? If yes—continue Distance Structure is from Shoreline: Floodplain Zone? Agent Mailing Address (include City/State/Zip): Written Authoriza Attached Pres Recorded Document: (Showing Own Cb2 40 8 CSM Doc # Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage Creek or Landward side of Floodplain? If yes—continue Floodplain Zone?	zation wnership)
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Section 27 , Township 45 N, Range 6 W Town of: Section 27 Township 45 N, Range 6 W GRADVIE Lot Size Acreage 76	
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Creek or Landward side of Floodplain? If yescontinue → feet Shoreland → Floodplain Zone? Floodplain Zone?	
Shoreland Floodplain Zone? Pres	Notlands
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☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Distance Structure is from Shoreline : ☐ Yes	(Yes
If yescontinue →feet ✓ No XNon-Shoreland	No
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Value at Time # of # of	
of Completion hedrooms What Type of	Type of
donated time & in Sewer/Samutary System	Water
	property
New Construction 1-Story Basement 1 Municipal/City	City
	well
CO OOO Conversion 2-Story S Sanitary (Exists) Specify Type:]
D. D. : Vauteu (IIIII 200 galloti)	
Property Use None Portable (w/service contract) Compost Toilet	
Existing Structure: (if permit being applied for is relevant to it) Length: 32 FT: Width: 2 V FT Height: / 0	
Proposed Construction:	eta -
Length: Width: Height:	FT.
	FT.
Proposed Use ✓ Proposed Structure Dimensions Squa	are
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(1) Show / Indicate: (2) Show Location of (*):

North (N) on Plot Plan (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4) Show:

(3)

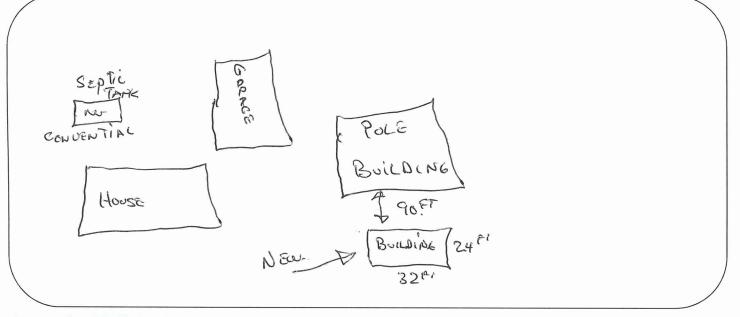
All Existing Structures on your Property

Show: (5)Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent	1	Description	Measurement		
Hier	()				i		
Setback from the Centerline of Platted Road	460	Feet		Setback from the Lake (ordinary high-water mark)	NP	4	Feet
Setback from the Established Right-of-Way	100 660	Feet		Setback from the River, Stream, Creek	N/A		Feet
				Setback from the Bank or Bluff	NA		Feet
Setback from the North Lot Line	2.026	Feet			-		
Setback from the South Lot Line	661	Feet		Setback from Wetland	30	2	Feet
Setback from the West Lot Line	748	Feet		20% Slope Area on the property	N/A		□No
Setback from the East Lot Line	3 70	Feet		Elevation of Floodplain	1 1	A	Feet
					'		
Setback to Septic Tank or Holding Tank	180	Feet		Setback to Well	140	D	Feet
Setback to Drain Field	220	Feet					
Setback to Privy (Portable, Composting)		Feet					e

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner to the proposed site of the structure, or must be marked by a licensed surveyor at the owner's

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			DESCRIPTION OF THE PARTY OF THE
Permit #: 18-0254	Permit Date: 7-2	3-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reco	uous Lot(s)) 💆 No	Mitigation Required Mitigation Attached	□ Yes ➡No □ Yes ਚ No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by Yes -No	/ Variance (B.O.A.)	s#:
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	Jes □ No □ Yes □ No
Inspection Record:		11		Zoning District (A-2) Lakes Classification ()
Date of Inspection: 7/7/6	Inspected by:	dr		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Att.	nched? Yes No - (If	No they need to be atta	ched.)	
Signature of Inspector: Walk	for human I necessary pressurized	No accessory buildin habitation / sleeping p county and UDC water shall enter the connection to POWTS.	purposes without permits. No building unless	Date of Approval: 7/18/18
Hold For Sanitary: Hold For TBA:	Hold For Affin	davit: 🗌	Hold For Fees:	

City, Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Terrance Brandenburg 18-0254 Issued To: No. PAR W OF CO TR D IN SW Town of **Grand View** Range 6 Township 27 Section $\frac{1}{4}$ of -Location: -CSM# Subdivision Block Gov't Lot Lot

For: Residential Accessory Structure: [1- Story; Garage (24' x 32') = 768 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 23, 2018

Bayfield County Planning and Zoning Depart. PO Box 58

PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





Permit #:	18-0050
Date:	7-23-18
Amount Paid:	\$75 7-9-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Checks are made pay DO NOT START CONS	STRUCTION UNTIL	ALL PERMITS H	HAVE BEEN ISSUED	TOLARIN	fileadtCo. Zonir	g Dept.		FILL	OUT IN IN	K (NO PENO	CIL)		
TYPE OF PERMIT I	REQUESTED-	LANI	D USE SAI	NITARY	/ D PRIVY	CONDIT	TIONAL	.USE SPEC	IAL USE	□ B.O.A.	ПО	THER	
Owner's Name:	- 1 11				ng Address:		The second second	state/Zip:	IV LE COL	Т	alanhan	٥.	
Jan	Jackke			41	o765 Funny	i Lane	Cal	le /WT/	14821		715	415-3804	
Address of Droporty				City/S	tate/7in:			1-1	. t. e. 1		ell Phon	e:	
46765	Frank	1	8	6	le / UI	15482							
Contractor:	1 4nnys	470			actor Phone:	Plumber:	1				lumber I	Dhana.	
				Contra	actor Frione.	Andr	, Ru	my sen d	Sons	7		198-3355	
None yet Authorized Agent:	Person Signing App	ication on beha	If of Owner(s))	Agent	Phone:			ress (include City/S			-	Authorization	
	NIA			_						1 2 2	ttached	4	
PROJECT	1		-	Tax ID)#				Recorded		i.e. Prop	erty Ownership)	
LOCATION	Legal Descri	otion: (Use T	ax Statement)		16990					(erty ethnership,	
		Gov't	Lot Lot(s	s) CSI			t(s) No.	Block(s) No.	Subdivision	on:			
1/4, _	1/4	1,0		71	38 939/14	(d) N			NI	A			
,	5 11				Town of:			Lot Sizo			70		
Section	, Townshi	p <u>441</u>	N, Range 06	_ w		Grand	V.0	W				.24	
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					am (incl. Intermittent		ce Struct	ture is from Shor		Is Proper	ty in	Are Wetlands	
☐ Shoreland —			of Floodplain?		escontinue —				feet	Floodplain		Present?	
	Is Propert	y/Land withii	n 1000 feet of La		d or Flowage escontinue —		Distance Structure is from Shorelin			□ Ye X No			
				ii ye	continue —				feet	N. C.	,	L NO	
☐ Non-Shoreland													
Value at Time											N. F. 250		
of Completion						# 0			What Ty	pe of		Type of	
* include	Proje	ect	# of Storie	es	Foundation	1 pearaoms 1			ry System		Water		
donated time & material		st		struct		Is	on the pr	operty?		property			
material	☐ New Cons	truction	✓ 1-Story			1		☐ Municipal/0	ity	. HL - 1 -		☐ City	
	Addition/		☐ 1-Story +	Loft	☐ Foundation	-	-	(New) Sanit		ify Type: 🛧		Well	
\$ 25,000	☐ Conversion		2-Story	10.10		3		Sanitary (Ex					
	☐ Relocate (-			☐ Privy (Pit)				6 /	
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APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

SHORT FEES - NOOD

Address to send permit

7-18-

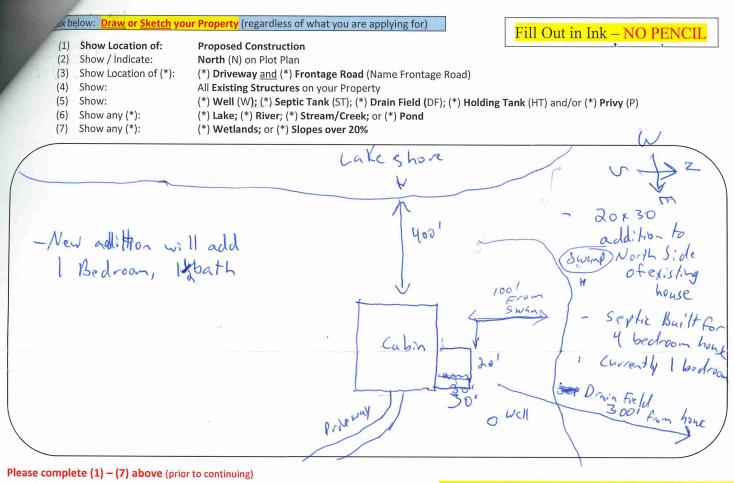
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

(REE CHANNES TROOM

RVTP)

<u>Attach</u>

Copy of Tax Statement



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent		Description	Measur	ement
Setback from the Centerline of Platted Road	500	Feet		Setback from the Lake (ordinary high-water mark)	400	Feet
Setback from the Established Right-of-Way	~	Feet		Setback from the River, Stream, Creek	NIA	Feet
				Setback from the Bank or Bluff	NIA	Feet
Setback from the North Lot Line	500	Feet				
Setback from the South Lot Line	200	Feet		Setback from Wetland	100	Feet-
Setback from the West Lot Line	300	Feet		20% Slope Area on the property	Yes	No
Setback from the East Lot Line	500	Feet		Elevation of Floodplain	NIA	Feet
*		ş-		·		
Setback to Septic Tank or Holding Tank	NIA ZOO	Feet	1 17	Setback to Well	40	Feet
Setback to Drain Field	350 f	Feet				5,4000000
Setback to Privy (Portable, Composting)	NIL	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use O	Only) Sanitary Number:	07-605	# of bedrooms:	Sanitary Date: 6/24/Q
Permit Denied (Date):	Reason for Denial:			
Permit # 18-0856	Permit Date: 7-23	3-18		150 M 100 M 150 PAG-
Is Parcel in Common Ownership	Deed of Record)	Mitigation Required Mitigation Attached		Affidavit Required ☐ Yes ☐ No ☐ Yes ☑ No
Granted by Variance (B.O.A.) ☐ Yes Æ No Case #:		Previously Granted by See No	/ Variance (B.O.A.) Case	#:
	Yes No	Were Property Line	es Represented by Owner Was Property Surveyed	✓ Yes □ No
Inspection Record: ? 50Mic				Zoning District (R-1).
		10		Lakes Classification (2)
Date of Inspection: 7//3//8	Inspected by:	ale		Date of Re-Inspection:
Condition(s): Town, Committee or Board Cond	ditions Attached? Voc No-1151	No thou pood to be atta	chad I	
Signature of leavestons and A	contracted UE obtained prior	UDC permit from DC inspection agence to the start of core meet and maintain s	by must be nstruction if	26.1
Signature of Inspector:	er			Date of Approval: 7/16/16
Hold For Sanitary: Hold For	TBA: Hold For Affic	davit: 🗆	Hold For Fees: 🗌	

City, Village, State or Federal
May Also Be Required

LAND USE - X
SANITARY - 07-60S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Jon & Lorie Jaedike 18-0256 Issued To: No. Town of **Grand View** W. Range 6 34 Location: ½ of -½ Section Township LYING N OF CSM #738 CSM# Subdivision Block Gov't Lot Lot & GOVT LOT 2 WEST OF FUNNY'S LANE LESS CSM #738 IN V.939 P.712

For: Residential Addition / Alteration: [1- Story; <u>Living Room & Kitchen Addition (with basement)</u> (20' x 30') = 600 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

Authorized Issuing Official

Tracy Pooler

July 23, 2018

Date

completed or if any prohibitory conditions are violated.

Bayfield County Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) \$73-6138

Address to send permit 43210





ENTERED

Permit #: [8-027]

Date: 7-31-18

Amount Paid: \$250 7-19-18

Refund:

Copy of Tax Statement

INSTRUCTIONS: No p Checks are made pay DO NOT START CONS	able to: B	ayfield C	ounty Zoning I		yfield Co. Zoning LICANT.	Dept.	FILL	OUT IN IN	IK (NO PENC	CIL)	
TYPE OF PERMIT F	REQUEST	TED→	X LAND	USE SANITAR	Y D PRIVY D	CONDITIONA	LUSE SPEC	IAL USE	☐ B.O.A.	ПС	OTHER
Owner's Name:					ng Address:						ne: 612-
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Kelly H		VEI	1		145 Linwood	KOI EX	celsion	t /V			9502
Address of Property 47775		int.	ood A	City/s	State/Zip:	54821			C	ell Phon	ie:
Contractor:	- Page	11100	0001 1	Conti	ractor Phone:	Plumber:			P	lumber	Phone:
Scott Ha	an			(715) 580	0-0089						
Authorized Agent: (Person Sigr	ning Appli	cation on behal	f of Owner(s)) Agen	t Phone:	Agent Mailing Ad	dress (include City/	State/Zip):	Piver V	Vritten A	Authorization
Mila F	-	L		(715) 817	-2034	172 Ta	LakeRd	اس ارد		ttached	
1114()	07.19	F		Taxii		1175.00	12.12.1	- P. W.		Ŷes	
PROJECT LOCATION	Legal	Descrip	tion: (Use Ta	ax Statement)	16812				76		perty Ownership)
NE 1/4,	NE	1/4	Gov't	_ /		Lot(s) No	. Block(s) No.	Subdivisi	on:		
Section	<u>29</u> ,т	ownship	44	N, Range <u>6</u> W	Town of:	d Vien	/	Lot Size		Acrea	ge 9
										<u></u>	- 1
			5	n 300 feet of River, Stre		Distance Stru	cture is from Sho	-	Is Proper	•	Are Wetlands
XShoreland →	_			7-5	rescontinue>			feet	Floodplain		Present?
	XIs P	roperty	/Land withir	1000 feet of Lake, Por			cture is from Shor		ΧYe		Yes
وللارد وتواكر				If y	escontinue ->	- 4	00+	feet)	□ No
☐ Non-Shoreland											
Value at Time						# of					Type of
of Completion						bedrooms		What Ty			Water
* include		Proje	ct	# of Stories	Foundation	in			ry System		on
donated time & material						structure	Is	on the property?			
material	M Nev	v Const	ruction	X 1-Story	☐ Basement	□ 1	☐ Municipal/	~i+v/		i i iy	
									:C . T		City
\$ 50 000			Alteration	☐ 1-Story + Loft	☐ Foundation	□ 2	☐ (New) Sanit				KWell
\$50,000		version		2-Story	X slab	□ 3	Sanitary (E)				
	□ Reic	ocate (e	xisting bldg)				☐ Privy (Pit)	or Va	ulted (min 2	OO gallo	on) l
	- n					But as				oo bano	
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Scott Haan APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(1) (2) (3) (4) (5) (6) (7)	Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show any (*): Show any (*):	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	8
		see attachment	

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

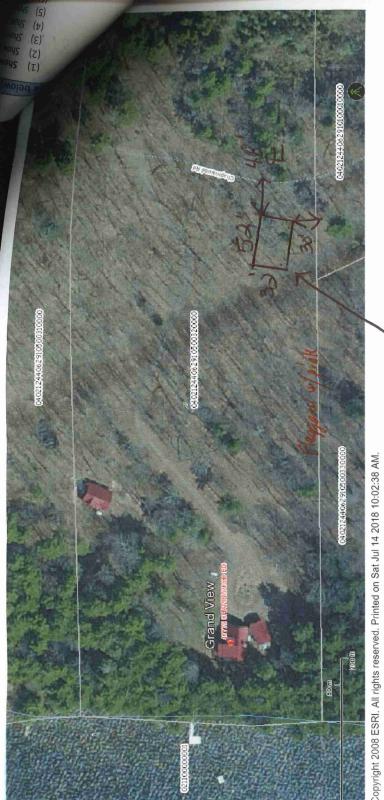
Description Description	Measuremen	nt	Description	Measureme	ent
Chapinwood Rd	:10				
Setback from the Centerline of Platted Road	48	Feet	Setback from the Lake (ordinary high-water mark)	600+	Fee
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	NA	Fee
			Setback from the Bank or Bluff	NA	Fee
Setback from the North Lot Line	225+	Feet			
Setback from the South Lot Line	300	Feet	Setback from Wetland	190	- Fee
Setback from the West Lot Line Lake	NA	Feet	20% Slope Area on the property	Yes 🛮	No
Setback from the East Lot Line	1,500 t	Feet	Elevation of Floodplain	NA	Fee
	11500		2.5.4.5.4.5.4.5		
Setback to Septic Tank or Holding Tank	4001	Feet	Setback to Well	450+	Fee
Setback to Drain Field	400+	Feet			
Setback to Privy (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-0071	Permit Date: 7-3	1-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming ☐ Yes (Deed of Record ☐ Yes) ☐ Yes (Fused/Contigue) ☐ Yes	ous Lot(s))	Mitigation Required Mitigation Attached	The second secon	Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by	y Variance (B.O.A.) Case	#:
		Were Property Line	es Represented by Owner Was Property Surveyed	Yes No No
Inspection Record: Gtaked + Iraf line Fi	ogget			Zoning District (R-1)
		7		Lakes Classification ()
Date of Inspection: 7/26/16	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta	ched? ☐ Yes ☐ No — (If	No they need to be atta	ached.)	
Signature of Inspector.	for human necessary pressurized	No accessory buildir habitation / sleeping county and UDC d water shall enter the connection to POWTS etbacks.	purposes without C permits. No e building unless	Date of Approval:
Hold For Sanitary: Hold For TBA: L	Hold For Affi	davit: 🗌	Hold For Fees:	



30 S. Property line 1 1 1 18 (Eusement road) proposed gange GOO'T OHWM Diamond Lake 1,500+ E. property line 335' N. Property line

2 eaves on all sides (36×56") - staked with eaves No water in structure, No living quarters 190' to mapped wetlands

City, Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0271 Kelly ONeill / Mike Furtak, Agent No. Issued To: Par in Location: NE ¼ of NE Section Town of **Grand View** Township Range 6 W. N. Gov't Lot 2, 3, & 4 Lot Block CSM# Subdivision

For: Residential Accessory Structure: [1- Story; Garage (32' x 52') = 1,664 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 31, 2018

Bayfield County Franning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN ENTERED

Date Stamp (Received)

JUL 19 2018

Refund:

Permit #: Date: Amount Paid:

Copy of Tax Statement

INSTRUCTIONS: No permits will be issued until all fees are paid

Bayfield Co. Zoning Dept.

	TRUCTIO			Department. IAVE BEEN ISSUE	D TO APP	LICANT.		FILI	OUT IN IN	NK (NO PE	NCIL)	
TYPE OF PERMIT F	REQUES	TED-	LANI	D USE	ANITAR	Y D PRIVY D	CONDITION	AL USE	CIAL USE	☐ B.O.	A. 🗆	OTHER
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		Bus	Levet -	9	45	85 111th 5	st · Ch	ippena Fa	US 54	729	Dans	1915 511
Address of Property	:	,		4	City/	State/Zip:				•	Cell Ph	
48575						ractor Phone:	en, n	11				15 563
Contractor: Dal + Ko Authorized Agent: (10	N				ractor Phone: 577 - 1694	Plumber:	JA			Plumbe	er Phone:
Authorized Agent: (Person Sign	ning Appli	ication on behal	f of Owner(s))	-	-	Agent Mailing A	ddress (include City/	State/7in):			Authorization
						1			,,,-		Attach	ed
PROJECT					Tax I	D#) #	1 /		Recorded	d Documen		□ No operty Ownership)
LOCATION	Legal	Descrip	tion: (Use T	ax Statement)		163	44					
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Shoreland —				of Floodplain?		rescontinue>			feet		ain Zone	
/ Silor claire	∭ Is F	roperty	/Land withir	n 1000 feet of L			Distance Str	ucture is from Sho		□ Yes t ×No		☐ Yes
					IT y	escontinue -		7	feet		∠ No	
Non-Shoreland												
Value at Time					1.6		# of	PARTIE OF		T. F.	7.1	
of Completion	1943	Har					bedrooms		What Ty			Type of Water
* include donated time &		Proje	ct	# of Stor	ies	Foundation	in		er/Sanita		n	on
material							structure	IS	on the pr	roperty?		property
			truction	✓ 1-Story		☐ Basement	□ 1	☐ Municipal/				☐ City
\$. 7	XAdd	dition/	Alteration	☐ 1-Story -	- Loft	☐ Foundation	□ 2	📈 (New) Sani	tary Spec	cify Type: _	Septr	∠ ✓ Well
11,000.00		version		2-Story			□ 3	☐ Sanitary (E				
,			existing bldg)					☐ Vaulted (min 200 gallon)				
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Residential Commercial	Use I Use		Bunkhous Mobile H Addition/ Accessory	e (i.e. cabin, h with Loft with a Por with (2 nd) I with a Dec with (2 nd) I with Attac se w/ (sanita ome (manufac //Alteration (y Building (sanita) y Building Ado	ch Porch k Deck hed Ga ary, or tured da specify) specify)	rage sleeping quarters te) 3 S-lazgo	, <u>or</u> □ cooking :		((((((ess) (X X X X X X X X X X)	Footage
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Residential Commercial Municipal L (we) declare that this a (are) responsible for the result of Bayfield Country property at any reasonal	Use Use Jse pplication (detail and a y relying on bly time for	including a accuracy of this informathe purpose	Bunkhous Mobile H Addition/ Accessory Special U Conditior Other: (ex	e (i.e. cabin, h with Loft with a Pori with (2 nd) I with a Dec with (2 nd) I with Attac se w/ (sanita ome (manufac 'Alteration ('y Building (sanita y Building Ad se: (explain) nal Use: (explain) contain y contain	ch Porch k Deck hed Ga ary, or tured da specify) dition/d in) Tor STAR een examinding and the with this a	rage sleeping quarters ate) 3 5-las or Alteration (specify	without a Permoses for my (our) know Bayfield County in d to county officials ch	IT WILL RESULT IN PE ledge and belief it is true, etermining whether to iss arged with administering	(((((((((((((((((((X X X X X X X X X X X X X X X X X X X))))))))))))))))) e) acknowlaccept liabiaccess to the	Footage Loo adde that I (we) am lity which may be a

4585 111th St. Chippena Falls, WI

Address to send permit _

Fill Out in Ink – NO PENCIL

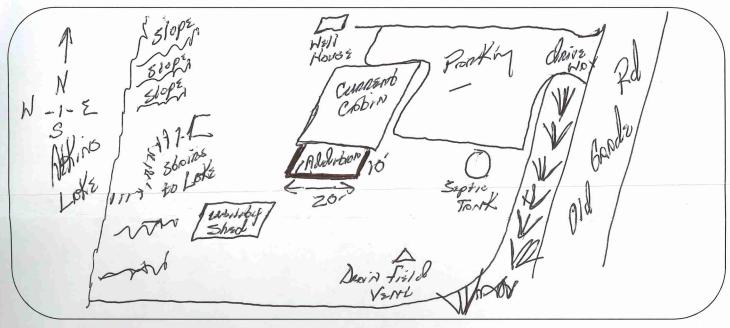
(1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan

(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show: All **Existing Structures** on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measureme	ent	Description	Measurement			
				- 4			
Setback from the Centerline of Platted Road	44.8	Feet	Setback from the Lake (ordinary high-water mark	20 +24 Feet			
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	Feet			
			Setback from the Bank or Bluff	Feet			
Setback from the North Lot Line	53	Feet		ı			
Setback from the South Lot Line	42	Feet	Setback from Wetland	Feet			
Setback from the West Lot Line	Lakesida	Feet	20% Slope Area on the property	Yes No			
Setback from the East Lot Line	road	Feet	Elevation of Floodplain	Feet			
Setback to Septic Tank or Holding Tank	6 78	Feet	Setback to Well	30 Feet			
Setback to Drain Field	10 35	Feet					
Setback to Privy (Portable, Composting)	WIA	Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use	Only) Sanita	ary Number:		# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reaso	on for Denial:							
Permit #: 18-0878	Perm	it Date: 7-31	-18						
Is Parcel in Common Ownership	(Deed of Record) (Fused/Contiguous Lot(:		Mitigation Required Mitigation Attached	Yes No		No No			
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:			Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:						
	Yes No		Were Property Lin	es Represented by Owner Was Property Surveyed	Yes □ No Yes □ No				
Inspection Record: Mar Red					Zoning District (R-1)			
		10.0	1		Lakes Classification ()			
Date of Inspection: 7/26/16	Inspe	cted by:		Date of Re-Inspection:					
Condition(s): Town, Committee of Board Co	nditions Attached?	☐ Yes ☐ No - (If	No they need to be atta	ached.)		1 24			
	Condition: A U contracted UDC obtained prior to required. <i>Must me</i>	the start of co	ncy must be		Date of Approval:	-/10			
Signature of Hispectory Halls					Date of Apploval.	///8			
Hold For Sanitary: Hold Fo	or TBA:	Hold For Affi	davit: 🗌	Hold For Fees:					

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 18-0272 Issued

ssued To: David & Kathleen Boisvert

Location. Town of **Grand View** Section 20 Township 44 Range 5 W. 1/4 of -Par in Gov't Lot 12 Lot Subdivision CSM# Block

For: Residential Addition / Alteration: [1- Story; 3 Season Room (20' x 10') = 200 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 31, 2018

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Bayfield Co. Zoning Dept.

Date: 7-31-18

Amount Paid: \$505 0-13-18

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

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authorized Agent: (Person	Signing Appli	cation on beha	lf of Owner(s)) A	gent Pho	ne:	Age	nt Mai	ling Ad	dress (in	lude City/	State/Zip	:600	V. N	/ritten	Autho	rization
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I (we) declare that this applica am (are) responsible for the d may be a result of Bayfield C above described property at a	letail and accu ounty relying any reasonable	any accompany racy of all inforn on this informat time for the pur	ving informat nation I (we) tion I (we) an rpose of inspe	ion) has been am (are) provid n (are) provid ection.	examined by iding and the ling in or wi	nat it will be relie th this applicatio	the be ed upon on. I (we	st of my (by Bayfi e) consen	(our) knov i eld Coun it to cour	wledge and ty in deter nty officials	belief it is tr mining whetl charged wit	ue, correct a ner to issue h administe	a permit.	I (we) furt	ther acce	pt liabili	ity which
Owner(s):(If there are Multiple C	Dwpore list-	d on the Da	d All O	ore milet .!	an de less	orle) ofth	rizo*	m	200-	anni di t	nmell	m)	Date _				
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Authorized Agent:	100	NOW.	e y	1 AND	A	authorization			194		W- 1111	_	Date _	1/	30/	18	
	(If you are s	igning on bel	half of the	owner(s) a	letter of	authorization	must	accomp	oany th	is applica	tion)			ALL	ach		
Address to send perm	it Ause Mart	VICAN (Home	3 15	628	ST. Rt	5. 7	7 1	/AY	lf you	o w!	S484 urchased	3 Cor	py of Tax erty send	Statem your Re	ient ecorde	ed Deed

ATT MARK)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NUSSING WETTEN PUTHOLIZATION 7-31-18

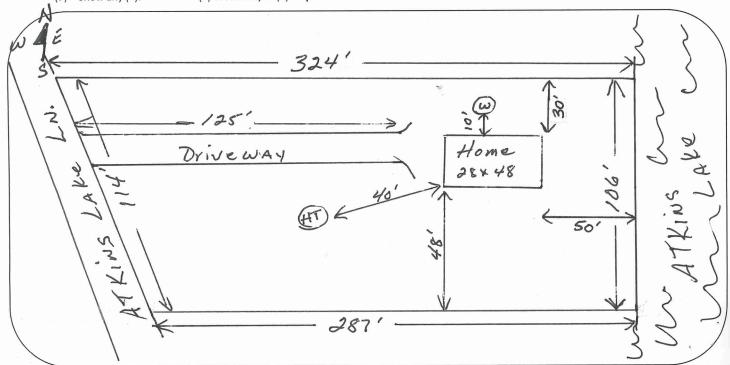
(1) Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4) Show: All **Existing Structures** on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measureme	nt	Description	Measure	ment 🧸
Setback from the Centerline of Platted Road	631	Feet	Setback from the Lake (ordinary high-water mark)	50'	Feet
Setback from the Established Right-of-Way	30'	Feet	Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	10'	Feet		~	
Setback from the South Lot Line	30'	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	30'	Feet	20% Slope Area on property	☐ Yes	™ No
Setback from the East Lot Line	10'	Feet	Elevation of Floodplain		Feet
+					
Setback to Septic Tank or Holding Tank	10'	Feet	Setback to Well	10'	Feet
Setback to Drain Field		Feet			
Setback to Privy (Portable, Composting)		Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms: 3	Sanitary Date:	7/30/18		
Permit Denied (Date):	Reason for Denial:		1 400		1 1/ -		
Permit #: 18-0273	Permit Date: 7-3	1-18					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Fused/Contigu	ous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☑ No		
Granted by Variance (B.O.A.) ☐ Yes → No Case #:		Previously Granted by ☐ Yes ☐ No	/ Variance (B.O.A.)	e #:			
Inspection Record:	·			Zoning District Lakes Classification	(R-/)		
Date of Inspection:	Inspected by:		ction:				
	Condition: Construction or sedimenta or operaties or wetlands. It is also be obtained.	n site best managem emented to prevent a tion onto neighbor	nent any ing	Date of Approx	/al: 7/3//		
Hold For Sanitary: Hold For TBA:	Hold For Affida	avit: 🗌 H	lold For Fees:		1, 29, 8		

city, Village, State or Federal
May Also Be Required

LAND USE - X
SANITARY - 18-67S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTUCTION

No.	18-0	273	}		Issued To: Gerald & Rosemary McIntyre / Rebecca Netzel, Agent										
S 100' OF Location:					1/4	Section	19	Township	44	N.	Range	5	W.	Town of	Grand View
Gov't Lot			L	_ot		Blo	ck	Su	bdivisio	on				CSM#	

For: Residential Use: [1-Story; Residence (48' x 28') = 1,344 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

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